

Well tag id: AGA880
32/01/30D

File Original and First Copy with
Department of Ecology
Second Copy -- Owner's Copy
Third Copy -- Driller's Copy

WATER WELL REPORT STATE OF WASHINGTON

Application No.

Permit No.

(1) OWNER: Name PENN Cove Assoc Address 9700 LAKE CITY NE 98115

(2) LOCATION OF WELL: County ISLAND NW, NW, Sec 30 T 32 N, R 1E W

Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: (Owner's number of well (if more than one) 1)
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 244 ft. Depth of completed well 244 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 234 1/2 ft.
Threaded ☐ " Diam. from ft. to ft.
Welded ☒ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Johnson
Type STAINLESS Model No.
Diam. 6 " Slot size 10 from 239 ft. to 239 ft.
Diam. 6 " Slot size 14 from 239 ft. to 244 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☐ No ☒ To what depth? 18+ ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type HP

(8) WATER LEVELS: Land-surface elevation 230 ft.
above mean sea level.
Static level 224 ft. below top of well Date Dec 85
Artesian pressure lbs. per square inch Date
Artesian water is controlled by (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? DRILLERS
Yield: 15 gal./min. with 5 ft. drawdown after 1 hrs.
16 " 6 " 2 1/2 "
15 " 5 " 4+ "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
Full Recovery in <u>2 min</u>					

Date of test
Bailer test 10 gal./min. with 3 ft. drawdown after 4 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, show thickness of aquifers and the kind and nature of the material in stratum penetrated, with at least one entry for each change of format

MATERIAL	FROM	TO
CLAY	0	6
HARD PAN	6	18
GRAVEL	18	20
HARD PAN	20	32
GRAVELY	32	68
HARD PAN	68	76
SAND	76	124
CLAY MIX	124	23
WATER SAND-GRAVEL MIX	230	24
CLAY	244	-2

RECEIVED
JAN 6 1986

DEPT. OF ECOLOGY
RECEIVED
FEB 26 2008

Work started Dec 19 85 Completed Dec 19

WELL DRILLER'S STATEMENT:

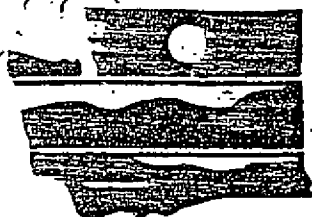
This well was drilled under my jurisdiction and this report true to the best of my knowledge and belief.

NAME WHIDBEY DRILLERS
(Person, firm, or corporation) (Type or print)

Address OAK HARBOR, WA

[Signed] Dennis Faler
(Well Driller)

License No. 129 Date Dec 19



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Sec #2

SWITCH

Unique Well Tag No:

AGA880

RECORD VERIFICATION (check one)

☐

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office nearest you)

☐

Verification inconclusive

☐

Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SKYCREST COMM ASSN

Last Name:

42705

Street Address:

City:

State:

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address:

SKYCREST ON RT

City:

County:

T.

N.

R.

W.M. Sec.

1/4 of the

FOR AGENCY USE ONLY

Latitude

Longitude

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

☐

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other

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FEB 26 2008

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The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.
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FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING - OUT IN FIELD - CINDER BLOCK HOUSING W/METAL LID
METER JUST EAST

Location of Well identification Tag:

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
I	L	K	J
M	P	Q	R

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

REMARKS:

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DEPT. OF ECOLOGY

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One: Application Permit Certificate Claim Exempt

WATER WELL REPORT

STATE OF WASHINGTON

Application No.

Permit No.

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 (2) LOCATION OF WELL: County ISLAND NW, NW, Sec. 30 T. 32 N. R. 1E W.M.
 Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
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 Deepened ☐ Cable ☒ Driven ☐
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 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
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 Type STAINLESS Model No. _____
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 Type: _____ HP

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 Artesian pressure _____ lbs. per square inch Date _____
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Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

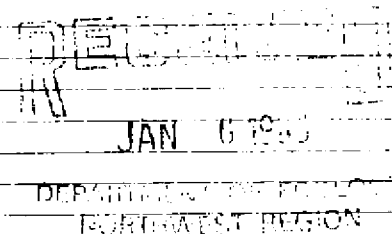
Time	Water Level	Time	Water Level	Time	Water Level
Full Recovery in <u>2 min.</u>					

Date of test _____
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HARD PAN	20	32
GRAVELY	32	68
HARD PAN	68	76
SAND	76	124
CLAY MIX	124	230
WATER SAND-GRAVEL MIX	230	244
CLAY	244	245



Work started DEC, 1985 Completed DEC, 1985

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIDBEY DRILLERS
 (Person, firm, or corporation) (Type or print)

Address OAK HARBOR, WA

[Signed] Dennis J. Jeter
 (Well Driller)

License No. 129 Date Dec, 1985

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Sec #2

SWITCH

Unique Well Tag No: AGA886

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: SKYMEADOWS COMM ASSN

Last Name: _____

42705

Street Address: _____

City: _____

State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: _____

SKYCREST ON RT

City: _____

County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

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☐

Yes

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No

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Permit

Certificate

Claim

Exempt